CHAPTER 2.1
Oral Health Assessment - Receiving and Release

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) Division of Correctional Health Care Services (DCHCS) Receiving and Release (R&R) nursing staff shall perform an initial oral health assessment on each inmate upon commitment to a CDCR institution to identify urgent/emergent dental needs.

II. PURPOSE

To provide inmates with continuity of health care and to identify urgent/emergent dental conditions requiring referral to a dentist for immediate care.

III. PROCEDURE

Each newly arriving inmate, including new commitments and parole violators, shall receive an initial oral health assessment of their dental needs in R&R, prior to being housed, that shall be performed by a DCHCS Registered Nurse (RN) or designee. This assessment shall not be considered as the Reception Center (RC) Dental Screening that is performed by a dentist and is an integral part of the RC inmate classification process.

Upon completing the oral assessment, the RN or designee shall complete a CDCR Form 7277for all inmates and a CDCR Form 7277 A shall be completed for each female inmate.

The RN or designee conducting the initial oral assessment shall be trained to perform oral assessments prior to being assigned to work in R&R. The Supervising RN or designee shall maintain all training records.

The initial oral health assessment shall consist of a visual observation of the teeth and gingiva including gross abnormalities as defined in the training program. If the RN or designee determines the dental issue to be urgent/emergent, as defined in the training program, the inmate shall be referred to and evaluated by a dentist within 24 hours. In the case of a dental emergency, the dentist on duty during normal working hours, or the dentist on call outside of normal working hours, shall be contacted via pager or telephone.

If any questions are answered "yes" on the CDCR Form 7277 or 7277 A, the RN or designee shall follow established protocol for referral of the inmate-patient to a dentist or physician for further evaluation or treatment. Based upon the RN's review of all relevant data, a disposition that includes time and date of referral to an appropriate provider shall be recorded on the CDCR Form 7277 or 7277A.

Dental referrals from R&R shall be completed on the appropriate forms and forwarded to the dental department for review by a dentist.

Chapter 2.2
Dental Screening – Reception Center (E)

I. POLICY

Within 60 calendar days of arrival at a Reception Center (RC), each inmate shall receive a dental screening by a dentist as part of the RC inmate classification process, a Dental Priority Classification (DPC) based on priority of dental need, dental health education in the form of a pamphlet on oral health self-care, and treatment of Emergency or Priority 1A dental conditions.

II. PURPOSE

To provide inmates with continuity of health care and identify dental conditions needing immediate treatment or monitoring.

III. PROCEDURE

A. Dental Screening in Receptions Centers:

1. A dentist shall perform a screening examination of each newly arriving inmate, including new commitments and parole violators, at an RC within 60 calendar days of the inmate's arrival.
2. Dental staff shall perform screening duties within their scope of licensure.
3. Dental staff shall interview each inmate in a manner that ensures the privacy of their health care information, subject to the safety and security concerns of the institutions.
4. A Reception Center Logbook/Tracking System shall be maintained in the reception area of each RC. The date when the dental screening was completed and the DPC shall be entered into the RC tracking system. The Chief Dentist, or designee, at each institution shall be responsible for tracking RC dental screenings, including the date each inmate receives his/her dental screening and the assigned DPC.
5. The dental screening shall be documented on a CDCR Form 237 A *Health Record – Dental (Reception Center Screening)* and shall include but not be limited to:
   - A review of the inmate-patient's health history.
   - Panographic film, which shall be reviewed and interpreted during the screening process by a dentist. Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, date radiograph was taken, and facility where taken.
   - Head and neck examination.
   - Intra-oral hard and soft tissue evaluation and oral cancer screening.
   - Examination of teeth using mouth mirror and explorer.
   - Charting of decayed, impacted, or missing teeth and charting or recording of other visible pathological conditions.

- Noting the presence and condition of prosthetic appliance(s).
- Assigning and recording a provisional periodontal type using the Periodontal Screening and Recording (PSR) score.
- Assigning and recording a dental treatment priority based on dental service area, (i.e. periodontics, restorative, endodontics, oral surgery, prosthodontics), and an overall dental treatment priority.
- Distinctive recording or charting of Priority 1 conditions (such as acute infections, severe pain, spontaneous bleeding). The dentist shall review the screening findings with the inmate-patient, advise him or her of any Priority 1 conditions, and recommend that the inmate-patient submit a CDCR Form 7362 *Request for Medical/Dental Treatment.*

The screening dentist shall record additional information as needed on a CDCR Form 237 C *Dental Progress Notes* or a CDCR Form 237 C-1 *Supplemental to Dental Progress Notes.*

6. The dentist shall complete a CDCR Form 128 C-1 or C-1-A *Reception Center Medical Clearance/Restriction Information Chrono* for each inmate-patient screened.
7. The dentist, or designee, shall provide each inmate-patient with a pamphlet on oral health self-care at the dental screening visit. The dentist shall ensure that each inmate-patient signs an acknowledgement of receipt of the oral health self-care pamphlet, and a copy of the acknowledgement is placed in the inmate-patient's Unit Health Record (UHR). If the inmate-patient refuses to sign an acknowledgement, the dentist shall document the refusal on a CDCR Form 7225 *Refusal of Treatment* and a CDCR Form 237 C or C-1.
8. The dentist, or designee, shall provide each inmate-patient with a *Dental Materials Fact Sheet* at the dental screening visit. The dentist shall ensure that each inmate-patient signs an acknowledgement of receipt of the *Dental Materials Fact Sheet* and a copy of the acknowledgement is placed in the inmate-patient's UHR, (Reference: Business & Professions Code Section 1648.15). If the inmate-patient refuses to sign an acknowledgement, the dentist shall document the refusal on a CDCR Form 7225 and a CDCR Form 237 C or C-1.
9. The screening dentist shall sign all appropriate forms and documents. The dentist, or designee, shall file all appropriate forms and documents in the dental section of the inmate-patient's UHR.

B. Dental Treatment Priorities:

1. After the screening, the dentist shall assign each inmate-patient an overall dental treatment priority as listed below, (Reference: Chapter 5.4 *Dental Treatment Priorities*).

- Priority 1A, 1B, or 1C: Urgent Care
- Priority 2: Interceptive Care
- Priority 3: Routine Rehabilitative Care
- Priority 4: No Dental Care Needed

- Priority 5: Special Needs Care

2. The dentist shall record the overall dental treatment priority on the CDCR Form 237 A and the CDCR Form 237 C or C-1. This dental treatment priority indicates the inmate-patient's priority of need for dental care and will be used to schedule future dental visits.

3. This priority shall be reviewed and appropriately modified after each dental visit.

C. Management of Dental Conditions (Emergency and Dental Treatment Priority 1) in the RC:

1. While housed at an RC, a dentist shall provide only limited dental services necessary to meet an inmate-patient's basic needs. Such dental services shall include, but not be limited to:

   - Treatment of Emergency or Priority 1 Urgent Care needs such as injuries, acute infection, severe pain, or spontaneous bleeding.
   - Treatment for any unusual hard or soft tissue pathology.
   - Individual counseling in oral self-care, if required.

2. The dentist shall monitor RC inmate-patients with the following medical conditions when providing dental treatment and shall adhere to the appropriate protocols as indicated:

   - Hypertension – Record the inmate-patient's blood pressure in the dental record prior to providing any invasive dental treatment. Request a medical consultation and obtain clearance prior to providing any invasive dental treatment if the systolic or diastolic measurements are not within normal limits.
   - Anticoagulant therapy – Request a medical consultation and obtain clearance, including PTR/INR if appropriate, before any invasive dental treatment is provided.
   - Artificial heart valve – Request a medical consultation and obtain clearance prior to providing any invasive dental treatment.
   - HIV/AIDS – Request a medical consultation and obtain clearance prior to providing any invasive dental treatment.
   - Subacute Bacterial Endocarditis Risk (SBE) – Inmate-patients with a history of heart murmur, mitral valve prolapse, rheumatic fever, or any other condition that places them at risk for SBE shall receive pre-operative prophylactic antibiotic therapy according to American Heart Association protocols. Inmate-patients with unclear health histories shall be referred for a medical consultation to obtain clearance before any invasive dental treatment is provided.
   - Bisphosphonates-Implications for Dental Management – Dental staff should be aware of orally administered bisphosphonates used in treatment of osteoporosis. The injectable type of bisphosphonates is used for cancer patients for reduction of bone pain and skeletal complications. A side effect of the medications is osteonecrosis of the jaw (ONJ). The risk of developing ONJ is greater for patients using the injectable administration route than the orally administered form.

3. The dentist shall directly refer inmate-patients with acute oral and maxillofacial conditions, which require specialty consultation or treatment, to the intake facility's oral and maxillofacial surgeon or the facility's contracted preferred provider. The attending dentist at the facility shall review all internal consultation reports, lab reports, and reports from dental treatment outside the facility within seven (7) days of receipt of the report by the dental clinic. The dentist shall make a notation in the dental section of the UHR, which shall be dated and signed.

4. In the case of a dental emergency, the dentist on duty during normal working hours shall see these inmate-patients upon their arrival at the clinic, and, if needed, provide treatment. For dental emergencies outside of normal working hours, the dentist on call shall be contacted as outlined in Chapter 5.10 *Dental Emergencies*.

5. An inmate whose oral screening indicates the likelihood of a Priority 1A condition shall be treated for that condition within 24 hours.

6. The dentist shall record "Priority 1A, 1B, or 1C", on the CDCR Form 237 A and the CDCR Form 237 C or C-1 in the *Progress Notes* section, for all inmate-patients with an overall dental treatment Priority 1 designation. In addition, the dentist shall record all Priority 1 conditions requiring follow-up, or any dental condition that the screening dentist determines should be brought to the attention of dental personnel at the inmate-patient's facility of assignment, on the CDCR Form 237 A and the CDCR Form 237 C or C-1 in the *Progress Notes* section. Upon the inmate-patient's arrival at his or her facility of assignment, the listed problems are to be brought to the attention of appropriate clinic personnel, (See Chapter 5.9 *Continuity of Care*).

CHAPTER 2.3
Periodic Dental Examination – Assigned Facility (E)

I. POLICY

It shall be the policy of the California Department of Corrections and Rehabilitation (CDCR) that each inmate under 50 years of age at an Assigned Facility shall receive a dental examination at least once every two years, and that all inmates 50 years of age or older at an Assigned Facility shall receive a dental examination annually.

II. PURPOSE

To ensure that inmates incarcerated within the CDCR receive a complete dental examination, in a timely manner, upon placement at an assigned facility. The purpose of the dental examination shall be for the identification, diagnosis, and treatment of dental pathology, which impacts the health and welfare of inmates.

III. PROCEDURE

A. All inmates incarcerated within the CDCR shall have a dental examination, completed by a dentist, every two years until the inmate reaches the age of 50.

B. All inmates 50 years old or older shall have a dental examination, completed by a dentist, annually. Inmates with certain chronic systemic illnesses or medical conditions that could compromise their oral health shall receive an annual dental examination, regardless of their age. These include:

- Diabetes
- HIV
- Seizures
- Pregnancy

C. Inmate-patients undergoing active comprehensive dental treatment are not eligible for an additional annual dental examination. Active comprehensive dental treatment is defined as treatment being rendered according to an established dental treatment plan, (e.g. the inmate-patient has a complete examination, radiographs, dental diagnosis, and a written treatment plan on file in the Unit Health Record (UHR), and is receiving treatment in accordance with that written treatment plan).

D. In the provision of dental treatment at an assigned facility, CDCR dentists shall monitor inmate-patients with the following medical conditions and shall adhere to the appropriate protocols as indicated:

- Hypertension – Record the inmate-patient's blood pressure in the dental record prior to providing any invasive dental treatment. Request a medical consultation and obtain clearance prior to providing any invasive dental treatment if the systolic or diastolic measurements are not within normal limits.
- Anticoagulant therapy – Request a medical consultation and obtain clearance, including PTR/INR if appropriate, before any invasive dental treatment is provided.
- Artificial heart valve – Request a medical consultation and obtain clearance prior to providing any invasive dental treatment.
- HIV/AIDS – Request a medical consultation and obtain clearance prior to providing any invasive dental treatment.
- Subacute Bacterial Endocarditis Risk (SBE) – Inmate-patients with a history of heart murmur, mitral valve prolapse, rheumatic fever, or any other condition that places them at risk for SBE shall receive pre-operative prophylactic antibiotic therapy according to American Heart Association protocols. Inmate-patients with unclear health histories shall be referred for a medical consultation to obtain clearance before any invasive dental treatment is provided.

E. Emergency visits shall not be considered active comprehensive treatment, and shall not affect the inmate-patient's annual dental examination date.

F. An inmate-patient's annual dental examination shall be completed during the inmate's birth month, or the month following.

G. Inmates transferring from one Assigned Facility to another shall be scheduled for an evaluation within 90 days of transferring. During the evaluation, dental staff shall note the date of any previous dental examination(s) and shall schedule the inmate's annual examination according to the policy outlined above.

H. If an inmate-patient refuses the annual dental examination a CDCR Form 7225, *"Refusal of Treatment Form"* must be completed and signed by the provider and the inmate-patient. The completed 7225 shall be filed in the dental section of the UHR.

I. Annual dental examinations shall include the following, which shall be documented on the CDCR Form 237 B or B-1, CDCR Form 237 C, or CDCR Form 237 C-1:

1. Updated charting of the inmate-patient's existing dental restorations and decay.
2. Radiographs as needed. Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, date radiograph was taken, and facility where taken.
3. Updated charting of the inmate-patient's periodontal status by completing a Periodontal Screening and Recording (PSR).
4. A review and update of the health history.
5. Completion of an oral cancer screening.
6. Updated charting of a dental treatment plan.
7. A plaque index score.

Chapter 2.4
Periodontal Disease Program (E)

I. POLICY

All dental facilities in the California Department of Corrections and Rehabilitation (CDCR) shall have a Periodontal Disease Program for the diagnosis and treatment of periodontal disease. Diagnosis and treatment of periodontal disease shall be available to all inmates based on periodontal type, classification, priority of need, and eligibility for care as determined by the attending dentist.

II. PURPOSE

To establish guidelines and procedures for the treatment and management of periodontal disease in the inmate-patient population.

III. PROCEDURE

A. Diagnosis of Periodontal Disease.

1. Periodontal Screening and Recording (PSR).
   a. All inmates shall be provided a PSR at the Reception Center (RC), and full periodontal charting either at the RC or at their assigned facility, depending on the PSR results.
   b. The dentist shall utilize a periodontal probe or a PSR probe (see CDCR Form 7430 PSR and instructions on reverse of form) to determine the PSR code to be recorded for each sextant of the inmate-patient's mouth.
   c. Any sextant that is edentulous shall be indicated with a Code "X".
   d. A Code "0" shall be recorded for the sextant when probing depth is less than 3 millimeters (mm), no calculus or defective margins are detected, and gingival tissues are healthy with no bleeding after probing.
   e. A Code "1" shall be recorded for the sextant when probing depth is less than 3mm, no calculus or defective margins are detected, and there is bleeding after probing.
   f. A Code "2" shall be recorded for the sextant when probing depth is less than 4 mm and supra or subgingival calculus and/or defective margins are detected.
   g. A Code "3" shall be recorded for the sextant when probing depth is greater than 4mm but less than 5.5 mm.
   h. A Code "4" shall be recorded for the sextant when probing depth is greater than 5.5 mm.
   i. Inmates with code readings of "0, 1, or 2" shall receive appropriate preventive care, Oral Hygiene Instruction (OHI), removal of subgingival plaque, and removal of calculus and correction of plaque retentive margins on restorations.

j. Inmates with a code reading of "3" in one sextant shall receive a comprehensive periodontal examination and charting of the affected sextant to determine an appropriate treatment plan.

k. Inmates with two or more sextant code scores of "3," or one sextant code score of "4," shall receive a comprehensive full mouth periodontal examination and charting to determine an appropriate treatment plan.

l. In addition to these scores, the asterisk symbol * shall be added to the sextant score whenever individual findings indicate clinical abnormalities such as furcation involvement, mobility, mucogingival problems, or recession.

m. All dentists will utilize the PSR screening system to meet the requirement for early diagnosis of periodontal disease.

2. Comprehensive Full Mouth Periodontal Examination and Charting.

   a. Inmate-patients with two or more sextant scores of Code 3, or one sextant score of Code 4 shall receive a comprehensive full mouth periodontal examination and charting on CDCR Form 7431 Periodontal Chart to determine an appropriate treatment plan.

   b. Inmate-patients shall be classified according to one of the following types of periodontal diseases (either localized or generalized) based on clinical and radiographic examinations. The classification type shall be based on the most severe area of periodontal disease (possibly one tooth).

      1. Healthy Periodontia– no evidence of current periodontal disease, or healthy periodontia are present with no evidence of previous loss of support.

      2. Gingivitis – shallow pockets; bleeding in response to gentle probing; changes in gingival form; no evidence of bone loss.

      3. Mild Periodontitis – inflammation; gingival form changes; increased sulcus depth, clinical attachment levels up to 3mm from the cementoenamel junction; minor bone loss.

      4. Moderate Periodontitis – inflammation; gingival form changes; increased sulcus depth, clinical attachment levels 4-6 mm from the cementoenamel junction; moderate bone loss.

      5. Advanced Periodontitis – inflammation; gingival form changes; increased sulcus depth, clinical attachment levels more than 6 mm from the cementoenamel junction; severe bone loss.

3. Methods

   a. Six probing depths per tooth shall be recorded, using the technique of walking the probe around the tooth and recording the deepest measurement for the facial and lingual, and four interproximal measurements in the appropriate box on the periodontal charting record.

   b. Mobility of the teeth shall be recorded in the appropriate box on the periodontal charting record utilizing the following classifications of mobility:

0 = no mobility

1 = up to 1mm of movement in any horizontal direction.

2 = greater than 1 mm of movement in any horizontal direction.

3 = vertical mobility, tooth is depressible.

c. The degree of furcation involvement shall be recorded in the selected box. The highest furcal classification for each tooth shall be recorded, (e.g., if tooth #30 has class 1 involvement on the facial and class 2 involvement on the lingual, then a 2 would be placed in the box). The following furcation classification shall be used:

0 = no furcation involvement detected.

1 = incipient furcation involvement detected, penetration into the furcation of 1 mm.

2 = definite furcation involvement, penetration into the furcation of more than 1 mm.

3 = horizontal through and through destruction of furcal bony tissues.

d. When two or more features of disease are present on the same tooth, the most severe classification for that tooth shall be used.

B. Treatment of Periodontal Disease

The treatment of periodontal disease is a major part of dental practice and requires a coordinated effort between the inmate-patient and the dental team. The ultimate responsibility for controlling periodontal disease is that of the inmate-patient.

1. Education

a. Methods and procedures to control periodontal disease shall be taught and demonstrated to inmate-patients by dental staff. These measures shall consist of individual instructions and training in oral health self-care and plaque control, which may include but not be limited to:

1. The recording of the plaque/index score (PI) on the CDCR Form 237 B and CDCR Form 237 E.
2. Education on the signs and symptoms of periodontal disease.
3. Education on the effect of periodontal disease on oral health.
4. Demonstration and training on the methods of preventing periodontal disease.
5. Education and training on proper oral health self-care techniques.
6. Availability of follow-up care at the assigned facility.
7. All inmate-patients with teeth shall have their PI determined at the initial dental examination appointment. The PI is used to record the percentage of teeth stained with plaque and is determined using the following formula:

$$\frac{\text{Number of Teeth Stained with Plaque} \times 100}{\text{Number of Teeth Present}} = \_\_\_\_\ \%$$

Prior to staining all the teeth, the number of teeth present shall be verified and documented on the CDCR Form 237 B or CDCR 237 E. Disclosing solution shall be applied to all surfaces of the teeth. Stain on any or all surfaces of a tooth is counted as one. A PI of 20% or less, (i.e., an 80% plaque free oral environment), represents acceptable oral self-care.

b. Each eligible inmate-patient who requests routine care shall be provided an initial or updated treatment plan, a baseline PI, and individual counseling in oral health self-care. The baseline PI and oral health self care education shall be provided within 35-60 calendar days of the treatment plan formulation. All periodontal disease education/training, disease prevention demonstrations, as well as patient compliance as confirmed by acceptable plaque/index scores shall be documented in the Progress Notes Section of the CDCR 237~~B~~ C or C-1.

Inmate-patients with a plaque index over 20% may request re-certification, after completion of a 30-day period of self-care, by submitting an inmate request for health services form CDCR 7362.

2. Clinical Treatment

a. All inmates are eligible for the removal of moderate to heavy supragingival calculus in the presence of documented, acute or subacute gingival conditions (Priority 1).

b. Inmates with asymptomatic gingival conditions who have over six (6) months of incarceration remaining are eligible for removal of moderate to heavy supragingival calculus (Priority 2).

c. All inmates are eligible for a routine scaling and prophylaxis after demonstrating acceptable oral self-care and having one-year of incarceration remaining. Inmates are then eligible annually for routine scaling and prophylaxis, with continued demonstration of acceptable oral health self-care. A plaque index will be done when the appearance of the oral cavity indicates non-compliance (Priority 3).

d. Non-Surgical Deep Scaling and Root Planing.

1. Inmates with Moderate or Advanced Periodontitis are eligible for deep scaling and root planing procedures (Priority 2) 6 months of incarceration remaining. Prior to deep scaling and root planing procedures, the attending dentist shall document a baseline charting of the periodontal status, including:

- Pocket depths.
- Mobility of teeth.
- Areas of furcation involvement.
- Areas of bleeding upon probing.
- A radiographic survey taken within the last six months shall also be a part of the periodontal status record.

2. The attending dentist may, at his or her discretion, utilize subgingival periodontal treatments, (e.g., Atridox, periodontal chips, etc.), in lieu of periodontal surgery.

3. A charting and re-evaluation of the periodontal status shall be accomplished three months following completion of deep scaling and root planing procedures. The inmate-patient shall initiate this visit by submitting a CDCR Form 7362.
4. An inmate-patient's periodontal type may change after treatment. Any such change shall be evaluated and documented by the attending dentist.
5. Dentists who determine that a special need exists for any inmate-patient, regardless of length of incarceration, shall ask for an exception to this policy by submitting a request to the Dental Authorization Review Committee. Documentation to be submitted with the request for special periodontal treatment shall include:
    - A statement outlining the clinical justification for treatment.
    - Legible copies of all pertinent dental records.
    - Current study models.
    - Radiographs including the in-processing panographic radiograph and full mouth periapical radiographs taken within the past six months.

Chapter 2.5
Periodontal Preventive Program for Pregnant Inmates (E)

I. POLICY

Pregnant Inmates shall receive within the second trimester of gestation a dental examination, periodontal evaluation and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

II. PURPOSE

To establish protocols which prevent or treat gingivitis / periodontitis during pregnancy.

III. PROCEDURE

Pregnant Inmates shall benefit from the Periodontal Disease program as delineated here and in Chapter 2.4 Periodontal Disease Program.

A. Diagnosis of Periodontal Disease

1. Pregnant inmates shall receive a comprehensive full mouth periodontal examination, charting and classification to determine the periodontal condition and an appropriate treatment plan.

2. Pregnant inmates shall have their plaque/index score determined and recorded on the CDCR Form 237 B, CDCR Form 237 C, or CDCR Form 237 E.

B. Treatment of Periodontal Disease

1. Education: Methods and procedures to control periodontal disease shall be taught and demonstrated to pregnant inmates by dental staff as outlined in Chapter 2.4.

2. Clinical Treatment:

    a. Pregnant inmates shall receive routine scaling and prophylaxis regardless of their ability to comply with acceptable personal oral hygiene procedures during the gestation period. This treatment shall occur within their second trimester of gestation. A re-evaluation shall be accomplished within the first half of the third trimester.

    b. Pregnant inmates with moderate or advanced periodontitis shall receive non-surgical deep scaling and root planning procedures regardless of their ability to comply with acceptable personal oral hygiene procedures during the gestation

period. This treatment shall occur within their second trimester. A charting and re-evaluation shall be accomplished 30 days following completion of deep scaling and root planning procedures and subsequent follow-up care planned.

c. The attending dentist shall not utilize subgingival periodontal medications (e.g. Atridox, Periostat, etc) in the treatment of pregnant inmates. Tetracycline medications are contraindicated in the treatment of pregnant women.

d. All pregnant inmates' periodontal treatment visits shall be documented by the attending dentist on the CDCR Form 237 C or C-1.

Chapter 2.6
Dental Prosthodontic Services (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall provide limited Dental Prosthodontic Services to inmate-patients in its custody. All dental prostheses, (i.e., all maxillary and mandibular stayplates, complete dentures, and partial dentures), which are fabricated for inmate-patients in the custody of the CDCR, shall have the inmate-patient's name and CDCR number embedded into the prosthesis for identification purposes. Each dental clinic shall maintain a dental prosthetic log for tracking prosthodontic cases. Cases shall be forwarded/stored based on the inmate-patient's incarceration status. Replacement of prosthetic appliances shall be based on the recommendation of the treating dentist.

II. PURPOSE

To establish standard guidelines and procedures for the fabrication, tracking, shipping, handling, storage, and replacement of inmate-patient dental prosthetic appliances.

III. PROCEDURE

A. Dental Prosthodontic Guidelines and Identification

1. An inmate's need for a dental prosthesis shall be based on medical necessity as described in the *California Code of Regulations* Title 15, Article 8, Section 3350 (b) (1).
2. No inmate-patient shall be deprived of a prescribed dental prosthesis that was in his or her possession upon arrival into CDCR custody, or that was properly obtained while in CDCR custody, unless a CDCR dentist determines the appliance is no longer needed or its removal is indicated for reasons of safety or security.
3. If an inmate-patient's dental prosthesis is confiscated for safety and security reasons, a dentist shall be consulted to determine whether the inmate-patient will require any accommodations due to the loss of the prosthesis.
4. A dental prosthesis shall be constructed only when:
   a. The dentist believes the inmate-patient can tolerate it and can be expected to use it on a regular basis.
   b. An inmate-patient is edentulous, is missing an anterior tooth, or has seven or fewer posterior teeth in occlusion.
   c. All restorative, periodontal, and surgical dental treatments have been completed.
   d. The inmate-patient has a dental treatment Priority 2 prosthetic need (e.g. complete denture) and a minimum of six months of continuous incarceration remaining before release or parole; **or** the inmate-patient has a dental treatment Priority 3 prosthetic need (e.g. partial denture or transitional anterior partial denture) and a minimum of 12

months of continuous incarceration remaining before release or parole, (Reference Chapter 5.4 *Dental Treatment Priorities*).

5. A prescribed dental prosthesis, (including night-guards), shall be provided at state expense if an inmate-patient is indigent. Otherwise inmate-patients shall purchase prescribed appliances through the department, or a vendor of the inmate-patient's choice, as directed by the Chief Dentist (CD). The inmate-patient shall sign a CDCR Form 193, *Trust Account Withdrawal Order* (Rev 1/88) to pay for the prescribed appliance before dental impressions are made for the appliance.
6. Prescribed dental appliances made from precious metal shall not be ordered by CDCR dentists, and repairs to existing dental prostheses made from precious metal shall not be performed by CDCR dentists or CDCR dental laboratories. If an inmate-patient's existing dental appliance made from precious metal needs repair, the dentist shall offer the inmate-patient the option of having a new prosthesis made and shall have him/her sign a CDCR Form 193, *Trust Account Withdrawal Order* (Rev 1/88) to pay for the new appliance.
7. The dentist shall complete a CDCR Form 239, *Prosthetic Prescription,* when impressions for dental prostheses are taken, or when any intermediate step in the fabrication process is initiated. Each dentist shall:
   a. Write the date, inmate-patient name, and CDCR number at the top of the CDCR Form 239.
   b. Illustrate the design of the appliance, noting missing teeth, clasps, guide-planes, and rest-seat placement.
   c. Select the tooth shade.
   d. Check the appropriate boxes for upper or lower relieved trays or bite blocks.
   e. Select the type of dental prostheses, (e.g., upper and/or lower full dentures, upper and/or lower partials, or upper and/or lower immediate dentures).
   f. Indicate whether a flexible resin or ticonium frame is to be used in the case of a cast metal or non-metal framework, and make a notation in the assigned box.
   g. Select acrylic colors, (e.g., pink or pigmented).
   h. Make a notation in the assigned boxes if the prosthesis is to be surveyed, returned as a finished case, or whether it is a try-in, jump case, or a repair.
   i. Select the type of clasps to be used, (i.e., cast, wrought wire, or no clasps).
   j. Note any special instructions in the assigned space.
   k. Sign the prescription, noting the date, and the institution.
8. All inmate-patients shall sign a CDCR Form 193, *Trust Account Withdrawal Order*, at the time that initial impressions are taken for dental prostheses.
9. The office technician (OT) shall ensure the CDCR Form 193 is logged and delivered to the Trust Office for processing.
10. All dental prostheses and stone models shall have the inmate-patient's last name and CDCR number inscribed on them. The dentist shall not deliver any prosthesis before the

proper identification, (i.e., inmate's last name and CDCR number) has been embedded in the resin of the denture or partial.

11. Dental prostheses without the proper identification on them shall be returned to the dental laboratory to have the inmate-patient's last name and CDCR number placed on the prosthesis.

B. **Dental Prosthetic Tracking Log**

1. Each dental clinic shall maintain a single Dental Prosthetic Log (DPL), regardless of the number of dental care providers at the clinic and this log shall be maintained by the OT.
2. All prosthetic cases initiated by the clinic shall be recorded in its DPL. The inclusion of a dental prosthesis in a treatment plan does not constitute initiation of a case. A case is not considered initiated until an initial impression has been taken.
3. All identifying information for each case shall be recorded when the case is initiated, (i.e., inmate-patient's name, CDCR number, case type, and provider's name).
4. Each subsequent step in the fabrication process shall be recorded in the appropriate spaces in the DPL.
5. Dates of case activity, to and from the laboratory, shall be recorded in the DPL for each step of the fabrication process.
6. The date of the final delivery shall be recorded in the DPL.
7. Cases that cannot be delivered for any reason shall be recorded in the final disposition space in the DPL. For example: Patient transferred, case transferred to the new facility of assignment (identify facility), etc.
8. The CD shall maintain completed DPL's on file for five years.

C. **Dental Prosthetic Cases: Shipping and/or Storage Procedures**

1. Inmate-patients who have been paroled or released from the CDCR.

   Completed dental prosthetic cases that cannot be delivered because the inmate-patient has been paroled or released, shall be forwarded by mail to a dentist designated by the inmate-patient. The dental department shall store the prosthesis until contacted by the inmate, for a period of time not to exceed 12 months (one year).

2. Inmates Transferred Between CDCR Facilities

   All prosthetic cases in progress, regardless of the stage of completion, shall be forwarded directly by the OT to the inmate-patient's new facility of assignment for completion or delivery. This transfer shall be recorded in the DPL in the final disposition column.

3. General Information
   a. A case may be forwarded only to a dentist for delivery or completion.
   b. The sending clinic/dentist and the receiving clinic/dentist shall coordinate by telephone the forwarding of a prosthetic case for completion or delivery.
   c. Prosthetic cases stored by the facility shall be maintained in storage for a period of one year. During this period, an inmate released from CDCR may contact a private

dentist who may request that a completed case be forwarded for delivery at the inmate's expense. If no activity has occurred, cases older than one year shall be destroyed.

D. **Replacement or Repair of Dental Prosthetic Appliances**

1. A removable prosthetic dental appliance diagnosed as unserviceable by the providing dentist shall be repaired or replaced as appropriate.
2. A removable dental appliance that has been lost, stolen, or otherwise rendered unserviceable will be replaced according to the following criteria:

   a. Priority 3 Prosthodontic Replacement

      - Time requirement of one year prior to initiation of new impressions. Time requirement is measured from the date the treatment plan was established.
      - A plaque index score of 20% or less is required.
      - All Priority 3 dental treatment needs must be completed, (i.e., restorations, surgery, periodontal, endodontics etc.), prior to the initial impression.

   b. Inmates with Special Dental Prosthetic Needs

      A dentist who diagnoses that a special dental prosthetic need exists for any inmate-patient may request an exemption by submitting a request to the Dental Authorization Review (DAR) Committee for review and approval. The request must include the following:

      - A copy of the inmate-patient's dental record.
      - Current radiographs as appropriate. Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, date radiograph was taken, and facility where taken.
      - Dental models.
      - Inmate-patient history of prior prosthetic needs and replacements.
      - Providing dentist's recommendations concerning prosthetic replacement.
      - Special circumstances that warrant replacement of appliance.
      - Any other pertinent information.

E. **Dental Prosthetic Services**

1. Acrylic Partial Dentures.

   Acrylic partial dentures in the anterior regions may or may not involve clasps. Acrylic partial dentures or cast partial dentures also include prosthesis with both anterior and posterior teeth. These shall be provided if:

   - The inmate-patient has a *minimum* of twelve months of incarceration remaining before parole or release.
   - The inmate-patient meets established Dental Prosthetic Policy criteria that all restorative, endodontic, extractions and oral surgery procedures have been completed.
   - The inmate-patient has a plaque index score of 20% or less.

- The treating dentist diagnoses that there are an insufficient number of teeth to masticate a normal diet. Seven or fewer occluding posterior teeth are considered to be an insufficient number to masticate a normal diet (Posterior teeth are defined as premolars and molars).

- Any treatment plan that includes a removable partial denture shall also include consideration of a cast removable partial denture.

2. Complete Dentures shall be provided if the inmate-patient has a minimum of six months of incarceration remaining before parole or release.

3. The above guidelines may be modified at the discretion of the treating dentist based upon medical necessity.

CHAPTER 2.7
Dental Restorative Services (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall provide inmate-patients with conservative dental restorative services utilizing conventional dental restorative materials. Dental restorative services shall be limited to the restoration of carious teeth with enough structural integrity to provide long-term stability.

II. PURPOSE

To establish guidelines and parameters for the delivery of dental restorative services to inmates incarcerated within CDCR.

III. PROCEDURE

A. Appropriate and current radiographs shall be reviewed before initiating restorative procedures.

B. All materials utilized in CDCR dental clinics shall have the approval of the American Dental Association.

C. Permanent restorations.

1. Amalgam shall be the material of choice for Class I and II restorations of posterior teeth.
2. Amalgam, Light Cured Composite, and Glass Ionomer shall be considered acceptable materials for buccal pit and Class V restorations of posterior teeth.
3. Light cured composite shall be the material of choice for anterior restorations. When indicated, glass ionomer may be utilized.

D. Temporary or Sedative restorations.

1. Temporary or sedative restorations shall be placed when indicated.
2. Temporary polycarbonate or posterior stainless steel crowns shall be utilized on teeth that have been previously prepared for crowns or for teeth requiring a crown.
3. Remineralization temporaries, such as glass ionomer cements that release fluoride into the tooth structure and promote remineralization of tooth structure, shall be placed into carious lesions for individuals with extensive caries. These sedative restorations are intended to provide holding care for the inmate-patient and shall be placed shortly after completion of the initial examination on inmate-patients who exhibit extensive dental caries.

E. Severely periodontally involved teeth shall not be eligible for restorative dental treatment.

F. Although every effort shall be made when restoring anterior teeth to achieve a reasonable esthetic result, cosmetic dentistry shall not be provided.

G. Routine dental care shall be discontinued if, in the judgment of the providing dentist:

- The inmate-patient is not meeting the standards of oral hygiene necessary for the preservation of his or her dentition, (i.e., an unacceptable dental plaque score).
- The inmate-patient has a record of failing to keep appointments. Such inmate-patients shall qualify for Emergency and Priority 1 Urgent dental treatment only.

CHAPTER 2.8
Oral Surgery (E)

I. POLICY

Dental clinics within the California Department of Corrections and Rehabilitation (CDCR) shall provide comprehensive Oral Surgery services to all inmate-patients.

II. PURPOSE

To establish guidelines and parameters whereby inmate-patients in the custody of CDCR receive necessary Oral Surgery services in a timely manner.

III. PROCEDURE

A. A full range of oral surgery procedures shall be available to all CDCR inmates regardless of incarceration time.

B. Any medically necessary oral surgery that cannot be accomplished at the local institution shall be made available by referring the inmate-patient to contracted oral surgeons, or to outside facilities.

1. The attending dentist shall request a "Referral for Specialty Services or Consultation" by a Dental Health Care Specialist and shall:
   a. Document the recommendation for referral on the CDCR Form 237 C or C-1 in the dental section of the inmate-patient's Unit Health Record (UHR).
   b. Discuss the recommendation with the inmate-patient.
   c. Obtain the inmate-patient's consent for the referral.
2. The treating dentist shall submit Referrals for Specialty Services or Consultations to the Chief Dentist (CD), who shall present them for consideration by the Dental Authorization Review (DAR) Committee. The DAR shall approve or deny such requests within 21 days of receipt.
3. Requests that are approved by the DAR shall be forwarded, along with all supporting documentation, to the Health Care Review Committee (HCRC) for final approval or denial.
4. The DAR/HCRC approval process may be bypassed if the CD determines that the specialty services or consultation are required because of Emergency or Priority 1 conditions.
5. The attending dentist shall either arrange the approved specialty appointment or explain the DAR's or HCRC's denial to the inmate-patient.

6. The attending dentist at the facility shall review all internal consultation reports, lab reports, and reports from outside the facility within seven (7) working days of receipt of the report by the dental clinic. The dentist shall make a notation in the dental section of the UHR on the CDCR Form 237 C or C-1, which shall be dated and signed.

C. Routine extraction of asymptomatic third molars is an excluded service and as such shall not be undertaken.

D. A CDCR Form 7425 *Consent for Extractions* must be completed and signed by the inmate-patient prior to the initiation of oral surgery services.

E. All inmate-patients shall have a post-op follow-up oral surgery appointment three to four days after each surgical procedure.

CHAPTER 2.9
Endodontics (E)

I. POLICY

Inmates incarcerated within the California Department of Corrections and Rehabilitation (CDCR) shall be eligible for limited Endodontic (root canal therapy) services, at CDCR dental clinics. Endodontic services within the CDCR shall be performed in accordance with established criteria, and within the specific guidelines enumerated below and in Section 54050 of the Department Operations Manual.

II. PURPOSE

To establish dental treatment parameters for providing inmates with endodontic services in CDCR dental facilities.

III. PROCEDURE

A. Endodontics, or root canal therapy, shall be performed on an inmate for the upper and lower six anterior teeth when in the dentist's judgment, the retention of the tooth is necessary to maintain the integrity of the dentition, and the tooth's prognosis ~~if~~ is favorable.

B. In order to qualify for endodontic therapy, a tooth must have adequate periodontal support and must have a good prognosis for long-term retention and restorability, based on the use of conservative restorative techniques.

C. A CDCR Form 7424 *Consent for Root Canal Treatment* must be completed and signed by the inmate-patient prior to the initiation of treatment.

D. Apicoectomy and posterior root canal therapies on non-vital teeth are excluded procedures and, as such, require the prior approval of the Dental Authorization Review Committee.

E. Posterior and anterior teeth that would require either pin or post retained core build-ups prior to being crowned shall not be eligible for endodontic procedures.

F. A non-vital tooth must be restorable with available restorative materials and the inmate's overall dentition must be healthy in order for the tooth to qualify for endodontic treatment.

G. Root canal therapy shall be available to Priority 1 dental inmate-patients, (i.e., those with less than six months of continuous CDCR incarceration time remaining), on an emergency basis only, (i.e., only emergency pulpotomies and pulpectomies shall be provided).

H. Root canal therapy shall be available to all Priority 2 and 3 inmate-patients, according to their dental treatment plan, oral health self-care requirements, and with the approval of the treating dentist.

I. All root canal procedures shall be completed at the dental facility where the procedure was initiated.

CHAPTER 2.10
Fixed Prosthetics (Cast Crown and Bridge) (E)

I. POLICY

Fixed prosthetic services, (i.e., cast precious and non-precious metal crowns and bridges) shall be considered an excluded service, and shall not be routinely provided to inmate-patients by dentists employed by the California Department of Corrections and Rehabilitation (CDCR).

II. PURPOSE

To define fixed prosthetics as an excluded service and to establish guidelines for the provision of such treatment procedures.

III. PROCEDURE

A. Fixed prosthetics (cast crowns and bridges) shall not be routinely provided to inmate-patients. CDCR dentists who wish to provide fixed prosthetics for an inmate-patient must receive prior authorization from the Dental Authorization Review (DAR) Committee.

B. Fixed prosthetics:

1. Shall not be utilized to restore missing or defective teeth if an adequate restoration can be placed, (e.g., a stainless steel crown or an amalgam with cuspal coverage), or if a removable partial denture can be fabricated to replace the missing teeth.
2. May be provided if all of the following criteria are met:
   a. All the teeth involved in fixed prosthetic therapy have adequate periodontal support, with no mobility other than normally occurring physiologic movement.
   b. All the teeth involved have a good prognosis of restorability and long term retention.
   c. All Priority 1, 2, and 3 dental care has been completed prior to commencing Fixed Prosthetic treatment.
   d. The inmate-patient has demonstrated a plaque index of at least 20% for two consecutive months after the completion of all Priority 3 dental care. At the end of this two-month period a request for Fixed Prosthetics may be submitted to the DAR Committee.
   e. The inmate-patient has a minimum of at least six months of verifiable continuous incarceration time remaining on his or her sentence.

C. Cast crowns shall be utilized only for teeth that a CDCR dentist determines are critical for maintaining the integrity of the inmate-patient's arch, and only when a pin retained amalgam, stainless steel crown, or bonded amalgam/composite restoration has failed or is contraindicated.

D. Non-precious metals shall be utilized for Fixed Prosthetics unless the inmate-patient demonstrates sensitivity to those commonly used for crown and bridgework.

E. Maryland Bridges shall not be utilized because of technique sensitivity and the resultant propensity for failure.

F. Inmates undergoing fixed prosthetics that are in progress but not completed at the time of their incarceration, shall have their dental needs met with CDCR authorized restorative materials and procedures only, (e.g., removable prosthetics, stainless steel crowns, etc). Such inmates may elect to have their treatment completed by a private practitioner of their choice who must agree to perform the necessary treatment at the expense of the inmate-patient or their family. Any such treatment may be performed only with the prior approval of the DAR Committee. The CDCR shall not be liable for dental treatment completed by a private provider of the inmate's choice.

CHAPTER 2.11
Implants (E)

I. POLICY

Dentists employed by the California Department of Corrections and Rehabilitations (CDCR) shall not initiate the placement, completion, or repair of dental implants for inmates.

II. PURPOSE

To establish that dental implants are not a dental service provided for inmates by the CDCR, and to provide guidelines for the treatment of inmate-patients with existing dental implants.

III. PROCEDURE

A. An inmate with dental implants begun but not completed at the time of his or her incarceration, may arrange for continuation of such care by a private practitioner of his or her choice, who must agree to perform the necessary treatment at the expense of the inmate-patient or their family. Any such treatment may be performed only with the prior approval of the Dental Authorization Review (DAR) Committee.

B. Inmate-patients with a failing dental implant, or who lack funds for the continuation of dental implant restoration by a private practitioner, and who have at least one year of incarceration time remaining on their sentence, shall have the dental implant removed.

C. Deviations from this policy shall require the approval of the DAR Committee.

CHAPTER 2.12
Orthodontics (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) dental departments shall not initiate orthodontic procedures, (i.e., braces), or continue orthodontic treatment for inmate-patients incarcerated while in active orthodontic treatment.

II. PURPOSE

To establish guidelines for the treatment of inmates incarcerated while in active orthodontic treatment.

III. PROCEDURE

A. Orthodontics is not a dental service provided by CDCR dental departments.

B. If an inmate is incarcerated while in active orthodontic therapy, (i.e., bands/brackets and arch wires), he or she may initiate a request to the dental department for continuation of such care by a private practitioner of his or her choice, who must agree to perform the necessary treatment at the expense of the inmate patient or their family.

C. Inmates who lack funds for continuation of orthodontic care and who will be incarcerated for at least one year may request to have the bands/brackets removed by the CDCR dental department. The CDCR shall not be held liable for changes to the inmate-patients' dentition once the bands are removed and shall require that all inmate-patients who request removal of orthodontic bands/brackets sign a waiver to that effect.

D. Inmate-patients in orthodontics must maintain a plaque index score of 20% or less, prior to receiving Priority 3 dental treatment.

E. The CDCR shall not be held liable for the replacement of orthodontic bands that are damaged or removed in the process of providing dental surgical or restorative procedures on banded teeth.

F. All removal of orthodontic bands or continuation of orthodontic treatment by a private practitioner shall require the prior approval of the Dental Authorization Review (DAR) Committee.

CHAPTER 2.13
Facility Level Dental Health Orientation/Self-Care (E)

I. POLICY

All California Department of Corrections and Rehabilitation (CDCR) inmates, within 14 days of assignment to a Mainline Facility from a Reception Center (RC), shall receive a Division of Correctional Health Care Services (DCHCS) CDCR *Inmate-Patient Orientation Handbook to Health Care Services* containing information regarding dental health care services. Within 35-60 calendar days of the treatment plan formulation CDCR inmates shall also receive dental health and self-care instruction.

II. PURPOSE

To ensure that inmates are aware of the dental services provided for them at their assigned institution, and are educated about the dental health and self-care requirements that are part of the dental program.

III. PROCEDURE

A. General Requirements

1. The Chief Dentist (CD) at each facility shall ensure that all inmates receive the DCHCS CDCR *Inmate-Patient Orientation Handbook to Health Care Services that* describes the process used for obtaining emergency and routine dental services, within 14 days of assignment from an RC.

2. The CD at each facility shall ensure that all inmates receive dental health and self-care instruction, within 35-60 calendar days of treatment plan formulation. At the CD's direction, one or more Dental Assistants (DA) at his or her institution will provide the dental health and self-care instruction, once trained as an Institution Dental Health and Self-Care Educator (IDHSCE). The dental health and self-care instruction shall be a component of each inmate's scheduled facility orientation procedure.

3. All inmate-patients must maintain an acceptable level of dental health and oral hygiene self-care, which shall be measured and evaluated for each inmate-patient by the use of the dental plaque index score (PI). A PI score is calculated utilizing the following formula:

$$\frac{\text{Number of Teeth Stained with Plaque}}{\text{Number of Teeth Present}} \times 100 = \_\_\_\_\_ \%$$

4. Inmate-patients must maintain a PI score of 20% or less in order to qualify for Priority 3 Routine Rehabilitative care. Inmate-patients with a PI score above 20% or who refuse the dental health and self-care instruction, shall receive Emergency, Priority 1, Priority 2, and Priority 5 dental care. For each inmate-patient that refuses the dental health and self-care instruction the dentist, or designee, shall complete and file a CDCR Form 7225, *Refusal of Treatment* in the dental section of the inmate-patient's Unit Health Record. Inmate-

patients that refuse the dental health and self-care instruction must submit a CDCR Form 7362 *Request for Medical/Dental Services* in order to access future dental care, (Chapter 5.14 *Access to Care*).

5. *Tooth brushing for Inmates:* Inmates shall be allowed to brush their teeth at least once every 24 hours, within the facility's security guidelines, and encouraged to brush after meals.

6. *Dental Floss for Inmates:* Inmates shall be allowed to use dental floss once every 24 hours, within the facility's security guidelines.

B. Plaque Index:

1. The dentist shall determine an inmate-patient's PI score at the dental exam/treatment plan appointment, and during any subsequent appointment at the dentist's discretion. For inmate-patients administered a PI at the dental exam/treatment plan appointment, the dentist shall document the inmate-patient's PI score on the CDCR Form 237 B *Health Record – Dental (Mainline Examination)* in addition to the CDCR Form 237 E *Plaque Index Scoring Record* and the CDCR Form 237 C *Dental Progress Notes.* During subsequent dental appointments, the dentist shall document each inmate-patient's PI score on the CDCR Form 237 E and the CDCR Form 237 C or C-1 *Supplemental to Dental Progress Notes.* When documentation is completed, the dentist, or their designee, shall file all forms in the dental section of the inmate-patient's Unit Health Record (UHR).

2. If a dentist determines that an inmate-patient is not maintaining an acceptable level of oral health self-care, or the inmate-patient has a PI score of greater than 20%, then the dentist shall refer the inmate-patient to the IDHSCE, or designated dental assistant, for further dental health and self-care instruction. After completing the additional dental health and self-care instruction and a 30-day period of self-care, the inmate-patient may request to have his or her PI re-evaluated, by submitting a CDCR Form 7362.

3. If the inmate-patient's PI score remains greater than 20% after completing additional dental health and self-care instruction and a 30-day period of self-care, the dentist shall provide face-to-face oral hygiene instructions to the inmate-patient. After a 30-day period of self-care the inmate-patient may request to have his or her PI re-evaluated by submitting a CDCR Form 7362. The dentist shall provide face-to-face oral hygiene instructions followed by a 30-day period of self-care until the inmate-patient obtains a PI score of **less than** 20%. After each face-to-face oral hygiene instructions and the 30-day period of self-care, inmate-patients are expected to initiate the requests to have their PI re-evaluated by submitting a CDCR Form 7362.

C. Inmate Dental Health and Self-Care Instruction Program:

1. The CD, Dental Program, DCHCS, shall develop the Institution Dental Health and Self-Care Educator Training Program, referred to in this policy as the training program, used to train DA's as IDHSCE's. At a minimum, the CD, Dental Program, DCHCS, shall annually review and modify the training program as needed. The CD, at his or her

institution, shall implement the training program and ensure that one or more DA's are trained as IDHSCE's. The CD shall ensure that only the DA's that have successfully passed the training program provide dental health and self-care instruction to inmate-patients. The CD shall document the completion of the training program along with any subsequent dental health and self-care training provided to the IDHSCE's. Documentation shall include at a minimum the following: the name of the lesson plan used to train the IDHSCE('s), the name of the trainer, the name(s) and signature(s) of the IDHSCE('s) trained, the duration of training, and the date of training. The CD shall maintain this documentation, along with a copy of the lesson plan and handouts, for a period of three years.

2. The IDHSCE('s) shall provide dental health and self-care instruction to the following:
   - Each inmate within 35-60 calendar days of treatment plan formulation;
   - Inmate-patients with a PI of 20% or greater referred by the dentist for the purpose of improving the inmate-patient's PI score;
   - Other inmate-patients referred from the dentist, or CD.
3. The IDHSCE('s) shall maintain a master institution Dental Health and Self-Care Instruction (DHSCI) log of inmate-patients that are awaiting and have completed dental health and self-care instruction. The CD shall maintain the DHSCI log for three years.
4. Dental health and self-care instruction for facility level dental orientation shall consist of one or more of the following:
   - A Spanish/English oral self-care demonstration/dental health orientation DVD or videotape.
   - An oral self-care /dental health education lecture-demonstration presented by a dentist or Institution Dental Health Self -Care Educator.
   - A Spanish/English printed handout with diagrams and instructions on dental health self-care techniques.
   - Inmates who do not speak or understand English or Spanish, or who are hearing impaired, shall be provided dental health and self-care education, where resources are available, by utilizing contract interpreting services, or staff who can translate for them.
   - All instructional materials shall be communicated in alternative equally effective means upon request.
5. The facility level dental health and self-care orientation program shall include, but not be limited to the following topics:
   - Causes of dental disease.
   - Tooth brushing techniques.
   - Dental flossing techniques.
   - Responsibility of inmate for oral health self-care.
   - Access to dental care.

- Dental clinic hours of operation.
- Eligibility for care.
- Dental priority system.
- Types of dental care provided.
- The effects of certain systemic illnesses on dental health.
- Oral hygiene aids.
- Preventive dentistry education.
- The role of fluoride in dental health.
- Specialized dental health self-care training for developmentally disabled inmates.
- The effects of pregnancy on dental health. (Women's Institutions).

6. The IDHSCE shall document in the dental section of the inmate-patient's UHR on the CDCR Form 237 C or C-1 the completion of dental health and self-care instruction. Documentation must include the date of instruction, type of instruction given, and printed name and signature of the IDHSCE providing the instruction.

CHAPTER 2.14
Hygiene Intervention (E)

I. POLICY

Inmates who are identified, reported, and documented by any California Department of Corrections and Rehabilitation (CDCR) staff member as having poor hygiene or whose hygiene compromises the sanitation/hygiene of their personal and immediate housing area shall be evaluated by CDCR Division of Correctional Health Care Services staff.

II. PURPOSE

To ensure that inmates who display inappropriate hygiene management shall receive medical and/or mental health care as indicated.

III. PROCEDURE

A. Medical or custody staff who observe an inmate displaying behavior such as refusing to shower for an extended period of time, fecal smearing, urinating on the floor, food smearing, or similar inappropriate actions shall notify the facility clinic Registered Nurse (RN), Medical Technical Assistant (MTA), Mental Health Clinician, and Unit Housing Officer.

B. The RN shall conduct an evaluation within twenty-four hours of notification and shall refer the inmate to a physician or Mental Health clinician (Case Manager) if indicated.

C. The physician or Case Manager shall assume the care and treatment of the inmate when there is a medical or mental health cause for the behavior.

D. When there is no medical or mental health cause for the behavior, the physician or assigned Case Manager shall provide custody staff with a CDCR Form 128-C, Chrono-General, and shall document the results of the assessment in the Unit Health Record.